DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Corrected

Facility Information

Facility Name: CCLS PEPIN (190006)

Address: 5125 PEPIN DR, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 01/31/1995

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093496 End Date: 10/07/2004 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008057 Served 10/26/2004

Deficiencies Cited Subject Area Compliance

Verified

88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE

88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION

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